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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Secti Division of Corpo		e de la companya de l		*
SUBJECT:	Verse Aus	tomotive nited Liability Company	·	•
The enclosed Articles of An	nendment and fee(s) are sub	bmitted for filing.		
Please return all correspond				
	Vers 2085 Clearwa	V Address Ler FL City/State and Zip Code	nit #14 33765	
•	E-mail address:	(to be used for future annual repor	t notification)	
For further information cond	cerning this matter, please of			
Lawrence Name of Pe	R Drum erson	at (727) Area Code D	158-7358 aytime Telephone Number	
Enclosed is a check for the f	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Certificate of Certified Control (additional control) 	of Status & Opy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Verse Automot	ive LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) olity Company)
The Articles of Organization for this Limited Liability Company we Florida document numberL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ere filed on 2-9-16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	©- •
-	<u> </u>
Enter new mailing address, if applicable:	804 Willowbranch Ave Charwater FL 33764
(Mailing address MAY BE A POST OFFICE BOX) * Send all mail here	Charwater FL 33764
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: Lawren	cc R. Drum
New Registered Office Address: 864	Willow Stranch Ave Enter Florida street address
Cleary	Xate Tip Code Sip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** _ Add _____ □ Remove ياً Add ص Remove Change ₽ BAdd ☐ Remove ____ □ Remove _____ Change ____ □ Add ____ □ Remove

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Filing Fee: \$25.00